

SENDER COMPLETION SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery <u>7-11-02</u></p>	
<p>1. Article Addressed to: <u>02-28</u> <u>7/2/02</u> <u>David K. Hill</u> <u>1120 20th Street, N.W.</u> <u>Suite 700 N. Building</u> <u>Washington, DC 20036</u></p>		<p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
<p>2. Article Number (Copy from service label) <u>0085 0771 6199</u></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, July 1999</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt 102595-00-M-0952</p>	

DOCKET NO. 02-28

**CERTIFIED
MAIL**

ORDER DATED <u>07-02-02</u>
FCC <u>02M-60</u>
MIMEOGRAPH NO.

RETURN

RECEIPT

REQUESTED

NAME: David K. Hill
1120 20th Street, N.W.
Suite 700 North Building
Washington, DC 20036

RECEIVED & INSPECTED BY <u>[Signature]</u>
JUL 10 2002
FCC - MAILROOM